

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 857607 RECEIPT DATE: 06 / 07 / 01
IA NUMBER: PCT/ EP99 / 09794 IA FILING DATE: 12 / 08 / 99
FAMILY NAME: EDMONDSON DELAY WAIVED (Y/N): N
GIVEN NAME: JON BERT DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 12 / 09 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: TS9183US COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 7132412698
FAX

NAME: KIMBLEY L MULLER
INTELLECTUAL PROPERTY
STREET: P O BOX 2463

CITY: HOUSTON
STATE/COUNTRY: TX ZIP: 772522463
EMAIL:
APPLICATION TITLES:
TRANSPONDER COMMUNICATIONS SYSTEM

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6440

SERIAL NUMBER 09/857,607	FILING DATE 06/07/2001 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. TS9183US
APPLICANTS Jon Bert Edmondson, Greater London, GBN;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP99/09794 12/08/1999				
** FOREIGN APPLICATIONS ***** None EP 9831003 2.7 12/9/98				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY GBN	SHEETS DRAWING 1	TOTAL CLAIMS 8
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]		INDEPENDENT CLAIMS 2		
ADDRESS Richard F Lemuth. Shell Oil Company PO Box 2463 Houston, TX 77252-2463				
TITLE Transponder communications system				
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	